paroxysmal tachycardia. These attacks occurred frequently and suddenly, and lasted from five to fifteen hours, and went on to severe collapse. Physical examination revealed nothing beyond an anæmia and a slight bronchial catarrh in a very nervous patient. During an attack the patient was pale, the pulse was above 140; small but regular. Within five seconds under vagus-compression it fell to 128, in five more to 96, and remained for several days at 88. Although but little can be deduced from a single case, this appeared to bear the clearness of a physiological experiment, and to be free from any doubt.—*Correspondenzblatt für Schweizer Aerzte*, 1894, No. 10, S. 297.

THE ELIMINATION OF URIC ACID BY DRY TURPENTINE VAPOR.

DR. BENOIT DU MARTOURET reports two observations which seem to show that the vapor has a distinct effect in increasing the elimination of uric acid, and upon this fact rests the explanation of the relief which arthritic, rheumatic, and gouty subjects experience under this treatment. The vaporizing apparatus maintains a constant and graduated heat, and should be distinguished from those baths which by their excessive heat present great danger of cerebral congestion. It is hoped by this method also to cure the pyelonephritis caused by calculus, and so to reduce its volume that the calculus may be evacuated *per vias naturales*.—*Lyon Médical*, 1894, No. 24, p. 217.

THE TREATMENT OF CYSTITIS.

M. LAVAUX believes several remedies to be of real value. Sodium bicarbonate in thirty to ninety grains is the remedy of choice when the inflammation is due to irritation, as from cantharides; it is absolutely contraindicated with ammoniacal urines. Sodium borate has a favorable action according to the doses which are employed; thirty grains seem to act as an alkali. In ninety grain doses it acts as a feeble antiseptic, and is of some value if the cystitis is one of vesical infection, but it is not well borne by some stomachs. Sodium benzoate, benzoic and boric acids are better borne, but appear to be but little more energetic than the last-mentioned remedy. More efficacious is salol, but it is a dangerous remedy, and can cause severe accidents. It should be prescribed in from thirty grains to two drachms, the latter being too great. It must be used in small doses if the patient suffers from renal lesions. The pure essence of yellow sandal is quite active in the cystitis of blennorrhœic origin, but it often is badly eliminated by the kidneys, which it may irritate; it frequently gives rise to renal pain and, indeed, it may aggravate the cystitis. One drachm to one and one-quarter drachms is a safe dose. Turpentine, even in acute conditions, may be of value, ten drops being a sufficient dose. Buchu is better borne by the stomach than tar, eucalyptus, or uva ursi. If mineral waters are used, those of feeble mineralization, as Evaux, are preferred, although in acute cases Vichy or Vals may be valuable. Pain is best relieved by direct anæsthesia of the urethro-vesical mucous membrane. Morphine subcutaneously, opium with belladonna or gelsemine in suppository, chloral by the mouth, may be of value, but they are indiret methods. The direct method by lavage without catheter and anæsthesia of the mucous membrane, by cocaine hydrochlorate or nitrate, and antisepsis of the lower urinary tract, are those of choice. The objections to local treatment are obviated when strict antisepsis is obtained, and pain is not caused if the bladder is not distended. A warmed 2 per cent. solution of boric acid is unirritating.—*La Chirurgie contemporaine des Organes Genito-urinaires*, 1894, No. 5. p. 140.

RECTAL INJECTIONS OF CREOSOTE IN PHTHISIS.

DR. CH. ELOY presents the various formulas which have been proposed, considering as one of the best that of Tisné and Simon: Pure beechwood creosote 0.40, iodoform 0.005, salol 0.40, dissolved in pure olive oil, 10. The injection is to be made each day through a rectal tube, the patient being in the left lateral decubitus; the solution is to be warm; the injection must be made slowly, and carried as high as is possible. The absorption is rapid. When intestinal symptoms arise this method must be abandoned. No remedy is more difficult to manage than creosote, and the degree of tolerance is variable, even for the same individual.—*Journal des Praticiens*, 1894, No. 49, p. 559.

THERMODINE.

DR. SCHMITT describes this substance as occurring in white pointed crystals, without odor and almost tasteless, although upon trituration there is developed a special aromatic odor, and after some seconds, if a fragment is placed upon the tongue, a persistent bitter taste is perceived. It is slightly soluble in cold (1 : 2600), more easily in warm water (1 :450); but readily in alcohol, ether, benzin, carbon disulphide, and chloroform. While physiological researches have demonstrated the harmlessness of doses, even relatively large, in healthy men, they have also determined its method of elimination. It is absorbed with the aid of the lactic acid of the stomach, is decomposed slowly in the economy into amidophenol, which is eliminated in the urine, probably also in the perspiration and possibly in the saliva. A small proportion, if the dose is large, may be eliminated unchanged. The dose employed at which anti-thermic effects have been manifest is between six and seven grains. On twenty-nine patients, suffering from typhoid fever, influenza, tuberculosis, articular rheumatism, and pneumonia, the effect was found to be a gradual fall of temperature, commencing generally within an hour after its administration; this fall is gradual, reaching its lowest point within about two hours. This point is retained up to the third or fourth hour, when the ascent takes place in the same regular and slow manner as the fall, and the initial degree is reached generally in from seven to nine hours after the administration of the drug. The extent of the fall of temperature depends somewhat upon the dose. Five grains in tuberculosis does not always give appreciable results. Eight grains are usually sufficient; tuberculosis is more easily influenced and with smaller doses than is typhoid fever, and pneumonic fever is less amenable to this drug. The pulse curve follows closely that of the temperature, although the pulse may be influenced later than the temperature as regards the diminution of the number of beats, but it is likely to become accelerated as soon as the temperature commences to rise. Sometimes the pulse-rate remains unchanged although there is a notable lowering of temperature. There have been no accidents in the use of this drug which